



**INTEGRATED BILLING
INGENIX CLAIMSMANAGER™ INTERFACE**

USER MANUAL

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Prepared by DAOU Systems, Inc

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[illegible]

PREFACE

The ClaimsManager Interface provides for the analysis and cleaning of **VISTA** HCFA professional Claims from the **VISTA** IB Integrated Billing module.

The major advantage of interfacing with the ClaimsManager System is to gain access to a knowledge base with more expert checking features than currently available within **VISTA**. Thus the VA will be able to generate claims that comply with standards set forth by the government and payer community without the worry of implementing standards/rules on **VISTA** within Integrated Billing on a quarterly, semi-annual and/or yearly basis.

Scope of the Manual

This manual will show the IB functions and menu options where the user will be able to call up the ClaimsManager System directly from **VISTA**.




This manual will not show how to use the ClaimsManager System nor will this manual detail the intricacies of the interface. Please refer to the ClaimsManager User Documentation that was received with your purchase of the ClaimsManager System from Ingenix and the companion documents INTEGRATED BILLING INGENIX CLAIMSMANAGER INTERFACE Installation Guide and INTEGRATED BILLING INGENIX CLAIMSMANAGER INTERFACE Technical Manual created by Daou for in-depth technical descriptions of how the interface works.

Audience

This manual has been written with many job functions in mind. Billers, Coders, Health Information Managers, and Billing Managers using all aspects of Integrated Billing and IRM personnel involved with installing and implementing the Interface should read this manual. However, the information in this manual is primarily intended for those users who create, update and delete HCFA professional bills using **VISTA's** IB - Integrated Billing.

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Introduction

The Role of the ClaimsManager™ Interface

How will ClaimsManager Interface change your job? Not very much of your typical Integrated Billing workflows will change now that ClaimsManager is installed. By design many of the procedures followed in the past will remain the same. You will use your workstation to access ClaimsManager System directly during your normal use of the IB modules similar to the normal procedures followed in the past. In essence ClaimsManager's functions will be somewhat transparent to the user.

ClaimsManager Interface Overview

The ClaimsManager application is a commercial software package that analyzes healthcare claims for professional services to determine the accuracy and validity of the data on the claims form before the claim is submitted to the carrier(s). ClaimsManager is a claim editing and all-payer compliance tool, which facilitates the creations of clean claims and reduces denials. ClaimsManager interfaces with VISTA's IB Integrated Billing System to add valuable CPT-4 and ICD-9 editing capabilities and the interface will support coding compliances.

The ClaimsManager application will reside on a dedicated server and ClaimsManager will analyze each individual professional claim created within VISTA via an interface. The purpose of the interface is to allow the Biller/Coder to electronically transmit healthcare claims data for professional services to the ClaimsManager application for validation prior to authorizing the claim in Integrated Billing - IB and transmitting it to the payer. After the installation of the ClaimsManager Interface on VISTA, appropriate security keys will have to be allocated to assure that users have the access necessary to perform the task that they normally would.

For simplicity and functional grouping this manual is broken down into six sections, which address major components of the ClaimsManager Interface listed as follows:

1. ClaimsManager Single Claim Processing
2. Multiple Claims Sending
3. Reports
4. Special Features
5. Common Problems
6. Menu Navigation

Section 1

ClaimsManager™ Single Claim Processing

This is perhaps the single most important function of the interface and will require the most user interaction. One must become very familiar with this section to fully take advantage of the ClaimsManager tool. Single Claim Processing is accessed every time the user edits a claim using the **BILL Enter/Edit Billing Information** option.

All claims that meet the following requirements will be transmitted to ClaimsManager in real-time.

- Only professional claims that have passed the IB edits that are ready to be authorized may be transmitted to ClaimsManager .
- Transmission will only happen when the ClaimsManager parameters, which are usually set up by system support personnel, are set to indicate that ClaimsManager is ready to receive claims. Please see Common problem sections for the guidelines for communication failure problems that may occur between the two systems.

Important descriptions for this section include what a user should expect when:

- Submitting a single Claim
- Resolving Errors for a single Claim

Submitting a Single Claim

While in the **BILL Enter/Edit Billing Information** option there is nothing special that has to happen to send the claim to ClaimsManager. Simply walk your way through the IB screens and when you reach the end the following dialogue will be displayed.

```
Are the above charges correct for this bill? YES//

... Executing national IB edits

ERROR/WARNING OUTPUT DEVICE: HOME//    VIRTUAL TELNET LINK

**Warnings**:
No group prov # for the current ins co - site tax id will be used

THIS BILL STILL HAS ONE OR MORE WARNINGS - PLEASE REVIEW THEM CAREFULLY
ARE YOU SURE IT'S OK TO CONTINUE? NO// YES ◀

... Executing A/R edits

No A/R errors found

Entered      : APR 02, 2001 by GUSTAFSON,ERIC S

WANT TO EDIT SCREENS? NO// ◀

... Sending K108905 to ClaimsManager
```



```
No Errors found by ClaimsManager  
WANT TO AUTHORIZE BILL AT THIS TIME? No//
```

If the user answers YES to the "ARE YOU SURE IT'S OK TO CONTINUE? NO// YES" prompt then they will automatically access ClaimsManager when the claim is a professional claim and the above mentioned requirements are met.

With the above-illustrated claim, ClaimsManager did not find any errors so the user was allowed to proceed to authorize the bill.

National IB ERRORS

When a claim cannot pass the National IB edits, the user can not send the claim to ClaimsManager as a LIVE claim. However, in Section 4 -Special Features directions describe how to send a claim to ClaimsManager as a TEST claim. That section will detail instances when you would want to send a TEST claim. When processing a LIVE claim –which is done during the Enter/Edit Bill option of IB -- it is not possible to send a Claim to ClaimsManager when National IB errors are found. The process below illustrates dialogue encountered when National IB error edits are found.

```
Are the above charges correct for this bill? YES//  
... Executing national IB edits  
ERROR/WARNING OUTPUT DEVICE: HOME//    VIRTUAL TELNET LINK  
  
**Warnings**:  
No group prov # for the current ins co - site tax id will be used  
  
**Errors**:  
Attending/rendering provider name is missing  
A CPT procedure is missing an associated diagnosis.  
Place of Service not entered for at least one procedure.  
Type of Service not entered for at least one procedure.  
  
Do you wish to edit the inconsistencies now? NO//
```

Thus the user never accesses ClaimsManager when National IB errors are found.

Resolve ClaimsManager 's Errors for a Claim

When ClaimsManager detects possible discrepancies the errors are automatically displayed using ListManager. The ClaimsManager Interface will display the claim specific error message(s) back to the user and the user will have to act on the information displayed. This manual can not tell you how your facility should resolve claims discrepancies; however, you should get a feel for what has to be done to modify the claim when ClaimsManager finds errors. Please see your supervisor to discuss what the exact policy and procedures are for your facility. For a detailed explanation of the ClaimsManager screen and an overview/description of the data elements displayed please refer to Appendix A Anatomy of ClaimsManager Error Screen.

When a claim returns with errors the average user will have 3 actions to pick from. All users will have the ability to:

- Re-Edit the Bill
- Cancel the Bill/Claim
- Exit the process

Billing Managers and Health Information Managers will determine who should have access to:

- Override ClaimsManager 's Errors

Re-Edit Action

Typically the most common action that the user will invoke is the re-edit the bill action noted in the next illustration. This action has a security access of Clerk and Manager. When the user selects re-edit the bill they are automatically dropped back into the Bill Edit screens at the beginning screen #1.

```
Are the above charges correct for this bill? YES//  
  
... Executing national IB edits  
  
ERROR/WARNING OUTPUT DEVICE: HOME//    VIRTUAL TELNET LINK  
  
    **Warnings**:  
    No group prov # for the current ins co - site tax id will be used  
    Proc 93556 has > 4 modifiers - only first 4 will be used  
  
THIS BILL STILL HAS ONE OR MORE WARNINGS - PLEASE REVIEW THEM CAREFULLY  
ARE YOU SURE IT'S OK TO CONTINUE? NO// YES  
  
... Executing A/R edits  
  
No A/R errors found  
  
Entered          : MAR 23, 2001 by GUSTAFSON,ERIC S  
  
WANT TO EDIT SCREENS? NO//  
  
... Sending K108860 to ClaimsManager
```

Classic ClaimsManager Screen

```

IBCI ClaimsManager MGR WK      Apr 30, 2001@07:30:21      Page: 1 of 2
Name: ENGRON,STEVEN CHASE** T (3402) Sex: M DOB: NOV 13,1928 Claim: K108860 (IP)
Ins: AFLAC                      Provider: PALLAS,CHRISTOPH
Coder: HENRY,GERALD D           Biller: GUSTAFSON,ERIC S   Assigned: RAVEN,JEANETTE

```

	BEG DATE	END DATE	POS	TOS	CPT	MOD	CHARGE	UNIT
Line: 1	10/04/2000	10/04/2000	21	1	93510	26	819.43	1

```

Dx's: 427.31
(1) ClaimsManager Error: IAP                      Error Level: 20000
    ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated
    diagnosis for Proc 93510.  Verify that this is the primary diagnosis.

Line: 2  10/04/2000  10/04/2000  21    1    93543                74.51    1
Dx's: 427.31
(2) ClaimsManager Error: IAP                      Error Level: 20000
    ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated
    diagnosis for Proc 93543.  Verify that this is the primary diagnosis.

Line: 3  10/04/2000  10/04/2000  21    1    93545                72.72    1
Dx's: 427.31
(3) ClaimsManager Error: IAP                      Error Level: 20000
    ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated
    diagnosis for Proc 93545.  Verify that this is the primary diagnosis.

Line: 5  10/04/2000  10/04/2000  21    1    93556    269977    110.69    1
Dx's: 427.31
(4) ClaimsManager Error: IAP                      Error Level: 20000
    ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated
    diagnosis for Proc 93556.  Verify that this is the primary diagnosis.

+      Enter ?? for more actions
CB  CANCEL BILL              RE  REEDIT BILL
OV  OVERRIDE ERRORS        EX  EXIT

```

SELECT ACTION:Next Screen// **RE REEDIT BILL** ◀

```

ENGRON,STEVEN CHASE** TEST **    258-38-3403    BILL#: K108860 - Inpat/HCFASCREEN <1
>
=====
                        DEMOGRAPHIC INFORMATION
<1> DOB      : NOV 13,1928
[2] Alias   : NO ALIAS ON FILE
<3> Sex     : MALE                      Marital: MARRIED
<4> Veteran: YES                      Eligibility: NON-SERVICE CONNECTED

[5] Address: 2506 ELDERBERRY DR          Temporary: NO TEMPORARY ADDRESS
            AUGUSTA, GA 30906

[6] Pt Short
    Address: 2506 ELDERBERRY DR,AUGUSTA,GA 30906

[7] SC Care: NO

<RET> to CONTINUE, 1-7 to EDIT, '^N' for screen N, or '^' to QUIT:

```

For a detailed explanation of the ClaimsManager screen and an overview/description of the data elements displayed please refer to Appendix A Anatomy of ClaimsManager Error Screen.

Cancel Action

While in the **BILL Enter/Edit Billing Information** option the user can cancel a bill if it appears that the claim should be canceled. Simply select the action CANCEL BILL and the process will cancel the bill as it has in the past. Just follow the prompts as shown below and all the information will be updated in the Bill Claim File (399) and the ClaimsManager File (351.9). This action has a security access of Clerk and Manager.

```
Are the above charges correct for this bill? YES//

... Executing national IB edits

No Errors found for National edits

... Executing A/R edits

No A/R errors found

Entered          : OCT 04, 2000 by POSTMASTER

WANT TO EDIT SCREENS? NO//

... Sending K101207 to ClaimsManager

IBCI ClaimsManager MGR WK      Apr 27, 2001@16:27:48      Page: 1 of 1
Name: MILES,PAUL JAMES** (3402) Sex: M DOB: APR 10,1920 Claim: K101207 (IP)
Ins: AARP                      Provider: CUE,JORGE I
Coder: WILKERSON,SUSAN         Biller: POSTMASTER         Assigned:
BEG DATE    END DATE    POS  TOS  CPT      MOD      CHARGE    UNIT
Line: 1 09/05/2000 09/05/2000 22 1 99222      20.22      1
Dx's: 564.89
(1) ClaimsManager Error: POS                      Error Level: 20000
PROC 99222 is not typically performed by a physician at Place of
Service 22.

Enter ?? for more actions
CB CANCEL BILL          RE REEDIT BILL
OV OVERRIDE ERRORS     EX EXIT
SELECT ACTION:Quit// CB CANCEL BILL ◀

ARE YOU SURE YOU WANT TO CANCEL THIS BILL? No// Y (Yes)

LAST CHANCE TO CHANGE YOUR MIND...
CANCEL BILL?: Y (YES)
REASON CANCELLED: CLAIM ENTERED IN ERROR

...Bill has been cancelled...
```

Please note that when you use the options IB CANCEL/EDIT/ADD CHARGES and IB COPY AND CANCEL all HCFA professional Claims will be updated in the ClaimsManager File (351.9) as well with a status of cancelled if ClaimsManager previously processed the claim.

Exit Action

Once ClaimsManager analyzes the bill and returns the error message(s) the user might not know how to act on some of the errors. This is when the user will exit the process with the ability to return to this claim at a later time. Upon exiting there are three suggested data entry prompts where the users will be prompted to enter data:

1. Enter Comments (Default: No Comments Entered).
2. Assign to Staff (Default: Current User)
3. Enter Mail Group (Default: No Mail Group)

Though it is not required to enter any data at either of these fields it is recommended that the user document as accurately as possible the details of the claim's discrepancies. Defaults will be captured if no data is entered. This action has a security access of Clerk and Manager.

```
Are the above charges correct for this bill? YES//

... Executing national IB edits

ERROR/WARNING OUTPUT DEVICE: HOME//    VIRTUAL TELNET LINK

**Warnings**:
No group prov # for the current ins co - site tax id will be used
GEHA requires Amb Care Certification

THIS BILL STILL HAS ONE OR MORE WARNINGS - PLEASE REVIEW THEM CAREFULLY
ARE YOU SURE IT'S OK TO CONTINUE? NO// YES

... Executing A/R edits

No A/R errors found

Entered          : MAR 29, 2001 by GUSTAFSON,ERIC S

WANT TO EDIT SCREENS? NO//

... Sending K108868 to ClaimsManager

IBCI ClaimsManager MGR WK      Apr 27, 2001@16:20:16      Page:    1 of    1
Name: MOSER,BRAD JOHNSON(2774) Sex: M  DOB: OCT 24,1948  Claim: K108868 (IP)
Ins: GEHA                                     Provider: SCHARFF,LOUIS II
Coder: HENRY,GERALD D    Biller: GUSTAFSON,ERIC S  Assigned:

  BEG DATE    END DATE    POS    TOS    CPT    MOD    CHARGE    UNIT
Line: 5  03/08/2000  03/12/2000  21     1   99231          194.58     3
Dx's: 344.02 / 518.0

(1) ClaimsManager Error: DCP                      Error Level: 20000
    This line item may be a duplicate of line #5/5 on Claim #K108868.
    The typical allowed daily frequency for this procedure is 1.

    *** ClaimsManager AutoFix Indicated ***
    A possible fix for Line Item 5 is to add the modifier 76.

Enter ?? for more actions
CB  CANCEL BILL                RE  REEDIT BILL
OV  OVERRIDE ERRORS           EX  EXIT
SELECT ACTION:Quit//  EX  EXIT
```

Are you sure you want to Exit the ClaimsManager Interface process? YES// YES

There are still some unresolved errors reported by ClaimsManager.
Please enter some comments before exiting this option.

COMMENTS: (Please note this display will vary based on the type of editor you are set up to use. Below is a sample of the line editor screen. There is also a full screen editor sample included below.)

1>*---RAVEN,JEANETTE---8/15/2001---16:35:41---*

EDIT Option: Add lines

1>*---RAVEN,JEANETTE---8/15/2001---16:35:41---*
2>THIS IS JUST A TEST OF THE COMMENTS MESSAGE
3>JUST ENTER TEXT TO DESCRIBE THE PROBLEM
4>THIS IS A SAMPLE OF THE LINE EDITOR MODE.
5>

EDIT Option:

If you accidentally edit any lines previously entered you will be required to re-enter comments as the system will not allow anyone to edit comment notes.

Please enter the person to whom this bill should be assigned.

ASSIGNED TO PERSON: RAVEN,JEANETTE// MIT

1	MITCHELL,ALFRED E	AEM	11C	VOLUNTEER
2	MITCHELL,ANITA L	ALM	136C	MEDICAL CLERK
3	MITCHELL,BERNADETTE D	BDM	BIRMINGHAM	PURCHASING AGENT
4	MITCHELL,BETTY ANN	BAM	118U	STAFF NURSE
5	MITCHELL,BILLY M	BMM	323	SOCIAL WORKER

Press <RETURN> to see more, '^' to exit this list, OR

CHOOSE 1-5: 4 MITCHELL,BETTY ANN BAM 118U STAFF NURSE

Claim K108868 has been assigned to MITCHELL,BETTY ANN.

If you want to send a MailMan message about this bill assignment to a specific Mail Group, then please choose that Mail Group here.

MAIL GROUP: BILLING-1358 APPROVAL
...OK? Yes// (Yes)

A MailMan message has been sent to MITCHELL,BETTY ANN
and to BILLING-1358 APPROVAL.

Press RETURN to continue:

***** FULL SCREEN EDITOR INSTRUCTIONS *****

There are still some unresolved errors reported by ClaimsManager.
Please enter some comments before exiting this option.

COMMENTS:

---RAVENDHRAN,JEANETTE K---8/6/2001---13:35:07---
THIS IS JUST A TEST OF THE COMMENTS MESSAGE
JUST ENTER TEXT TO DESCRIBE THE PROBLEM
THIS IS A SAMPLE OF THE LINE EDITOR MODE.
---RAVENDHRAN,JEANETTE K---8/15/2001---15:44:23---

Edit? NO// YES

Press PF1 and B. This will take you to the end of the last line. Simply press return and you are ready to enter comments.

==[WRAP]==[INSERT]=====< COMMENTS >===== [<PF1>H=Help]====

---RAVENDHRAN,JEANETTE K---8/6/2001---13:35:07---

```
THIS IS JUST A TEST OF THE COMMENTS MESSAGE
JUST ENTER TEXT TO DESCRIBE THE PROBLEM
Let me see what happens if I try to change a line
```

```
Press PF1
Q to Quit
```

```
Do you want to save changes? Yes
```

```
You are not allowed to modify previously entered comments.
Any comments that you may have just entered have been discarded.
```

```
Please remember to start adding your comments on the line
following the audit stamp which contains your name and the
current date and time.
```

```
Press RETURN to continue:
```

```
The user can not edit previously entered text. To jump to the bottom of the comment text in FULL
SCREEN EDITOR MODE you must press PF1 and B. This will take you to the end of the last line.
Simply press return and you are ready to enter comments. If you accidentally edit any line
previously entered you will be required to re-enter comments as the system will not allow anyone
to edit comment notes.
```

```
*****
```

```
(A MailMan message is then sent to the newly assigned staff with details of ClaimsManager Errors.
Please see sample MailMan message in Section 4: Assign Claims IBCI CLAIMSMANAGER ASSIGN CLAIM.)
```

Override Action

Only staff with security access (Security Key IBCI ClaimsManager Override) will have the ability to utilize the functionality of this option. It is quite possible that the error message(s) from ClaimsManager should be ignored and only staff with the Override Security Key will have the ability to perform that action. Thus there might be quite a few occasions once ClaimsManager is installed when the Override action is used. However as time passes on there is a good chance that this action will not be utilized as frequently. Once the Claim is sent to ClaimsManager and the error message(s) is/are returned to the user, the user will get a good feel for the types of error(s) that can be ignored. The manual cannot detail when a claim can be overridden. The facilities' managers must determine those policies. This action has a security access only for Managers.

When overriding a claim the user should enter a comment that describes the specific reason why the claim was overridden.

```
Enter RETURN to continue or '^' to exit:

Are the above charges correct for this bill? YES//

... Executing national IB edits

ERROR/WARNING OUTPUT DEVICE: HOME//    VIRTUAL TELNET LINK

**Warnings**:
CIGNA requires Amb Care Certification
```

THIS BILL STILL HAS ONE OR MORE WARNINGS - PLEASE REVIEW THEM CAREFULLY
ARE YOU SURE IT'S OK TO CONTINUE? NO// YES

... Executing A/R edits

No A/R errors found

Entered : APR 16, 2001 by GUSTAFSON,ERIC S

WANT TO EDIT SCREENS? NO//

... Sending K108923 to ClaimsManager

IBCI ClaimsManager MGR WK Apr 27, 2001@16:07:45 Page: 1 of 1
Name: YURCHE,TERRY SMITH** (9574) Sex: M DOB: FEB 19,1930 Claim: K108923 (OP)
Ins: CIGNA Provider: SINGH,MANJIT
Coder: HAYNES,FLORIA B Biller: GUSTAFSON,ERIC S Assigned: SINGH,MARY E
BEG DATE END DATE POS TOS CPT MOD CHARGE UNIT
Line: 1 05/05/2000 05/05/2000 22 1 99212 42.43 1
Dx's: 401.9

(1) ClaimsManager Error: EST Error Level: 20000
This patient has not received care by a provider of this specialty
10 (Gastroenterology). A new patient E&M code should be used (99201-
99205) Crosswalks to .

Enter ?? for more actions

CB CANCEL BILL RE REEDIT BILL
OV OVERRIDE ERRORS EX EXIT

SELECT ACTION:Quit// OV OVERRIDE ERRORS ◀

Are you sure you want to Override the errors of this bill? YES//
Please enter some comments indicating why you are overriding
the errors reported by ClaimsManager .

COMMENTS: ◀

1>This provider has a Sub-Specialty in Gastroenterology.
2>He is a Internal Medicine physician. This is a possible
3>credentialling issue. Please notify Credentialling.
4>

EDIT Option:

WANT TO AUTHORIZE BILL AT THIS TIME? No// n (No) ◀

Section 2

Multiple Claims Sending

Multiple Claims Sending is only available to those users holding the security key IBCI CM MULTIPLE CLAIM SEND. This feature is accessed every time the user accesses the menu option IBCI MULTIPLE CLAIM SEND.

All claims that meet the following requirements will be transmitted to ClaimsManager in real-time.

- Only professional claims that have passed the IB edits that are ready to be authorized may be transmitted to ClaimsManager .
- Transmission will only happen when the ClaimsManager parameters, which are usually set up by system support personnel, are set to indicate that ClaimsManager is ready to receive claims. Please see Common problem sections for screen dialogue that offers guidelines for communication failure problems that may occur between the two systems.

Important descriptions for this section include what a user should expect when:

- Select a group of Claims to Send
- What happens when a communication error occurs

Select a group of Claims to Send

There are three types of actions that the user can invoke while working in Multiple Claim Sending:

1. ALL Send All Bills to CLAIMSMANAGER
2. NA Send All Non Auth Bills to CLAIMSMANAGER
3. SEL Select Bill(s) to send to CLAIMSMANAGER

Basically all the actions work the same way, the only difference is that the actions are grouped to allow the user to select the exact type of claims to send through the ClaimsManager Interface.

When selecting Send All Bills to ClaimsManager all claims including those claims that have already been authorized, will be sent to ClaimsManager . The only difference here is that the unauthorized claims will be sent as an active claim, where as the authorized claims will be sent as profiled claims. This allows for the Interface to synchronize the ClaimsManager Database.

When selecting Send All Non Auth Bills to ClaimsManager all claims that have a status of ENTERED/NOT REVIEWED OR REQUEST MRA will be sent as active claims.

When selecting Select Bill(s) to Send to ClaimsManager only those claims that the user selects will be sent.

See display on next page

CHOOSE 1-9: 9 IBCI MULTIPLE CLAIM SEND Multiple CLAIMSMANAGER Claim Send

Multiple CLAIMSMANAGER Claim Send

IBCI CLAIMSMANAGER SKIP LIST Apr 26, 2001@06:43:39 Page: 1 of 1

Welcome to ClaimsManager Bill Processing
This ListMan will display all skipped bills for processing

Item#	Status	Bill#	Pt Name	Date	User
1	E/NR	K108861	DAVIS,WILLIAM STEVE	03/28/01	GUSTAFSON,ERIC S
2	E/NR	K108939	SMITH,BETTY G. **	04/20/01	GUSTAFSON,ERIC S
3	E/NR	K108937	YURCHE,TERRY LAVERN*	04/19/01	RAVEN,JEANETTE

Enter ?? for more actions

ALL Send All Bills to CLAIMSMANAGER
NA Send All Non Auth Bills to CLAIMSMANAGER
SEL Select Bill(s) to send to CLAIMSMANAGER

Select Action: Quit// ◀

What happens when a communication error occurs

Should the process encounter a communication problem during this repetitive sending of each claim. The error handling functionality, which is transparent to the user, will update the statuses for each claims selected and the process will halt displaying a communication message to the user. MailMan messages will also be sent to the General Errors Mail Group and the claims will be available to process again when the communication problem is fixed.

Section 3

Reports

The following is a list of reports available as part of the Claims Manager Interface installation.

IB Bill Status Report

This pre-existing report has been modified to include the printing of the comments for each professional bill if the user selects "YES" at the print ClaimsManager comment prompt. Otherwise there are no other modifications to this report both functionally and visually.

ClaimsManager Status Report by ClaimsManager Status

The ClaimsManager Status Report prints professional claims processed through the ClaimsManager Interface and lists bills for a given status and date range. When selecting the IBCI CLAIMSMANAGER STATUS RPT option from the menu, the user is prompted as illustrated below. This report offers many other sort by data elements which include: Terminal Digit Order, Insurance Company, Patient Name, and Total Claims Charges and the comments field can be suppressed if the user does not require this level of detail on the report. There is a one-to-one relationship meaning that one claim can have only one ClaimsManager Status. This report can be run in the foreground or in the background. The report can also be queued to a file or a print device. There is a detailed and summary version of this report. See sample reports Appendix B. These sample reports did not print user comments. There was only one sort in the sample reports, sort by terminal digit.

```
CHOOSE 1-10: 8  IBCI CLAIMSMANAGER STATUS RPT      ClaimsManager Status Report
ClaimsManager Status Report
```

```
ClaimsManager Status Report
```

```
Select one of the following:
```

- 1 Event Date (Date of Service)
- 2 Entered Date (Date of Entry into VistA)

```
Select Date Range by: Event Date// 1  Event Date   (Date of Service) ◀
```

```
Enter the beginning Event Date: 1.1.2000  (JAN 01, 2000)
```

```
Enter the ending Event Date: T  (MAR 26, 2002)
```

```
Select one of the following:
```

- 1 All ClaimsManager Statuses
- 2 One Specific ClaimsManager Status
- 3 Any ClaimsManager Status (Bill is still Editable)

```
Select the ClaimsManager Status Option: 3// 2  One Specific ClaimsManager Status ◀
```

Select one of the following:

- | | |
|----|------------------|
| 1 | NOT SENT TO CM |
| 2 | SENT TO CM |
| 3 | PASS CM W/O ERR |
| 4 | ERRORS RETURNED |
| 5 | ERRORS OVERRIDEN |
| 6 | COMM FAILURE |
| 7 | CM NOT WORKING |
| 8 | CM HISTORICAL |
| 9 | CANCELLED |
| 10 | CANCEL PROBLEM |
| 11 | OVERRIDE PROBLEM |

Please choose a ClaimsManager Status: 4 ERRORS RETURNED ◀

Select one of the following:

- | | |
|---|----------|
| D | Detailed |
| S | Summary |

Please enter the report type: Detailed// Detailed ◀

Do you want to include one specific Assigned to person or All?

Please enter 1 or A: A// A ◀ *If you select A then you will print report for all Assigned to staff.*

Do you want the primary sort by the Assigned To person? YES// NO ◀ *If you select YES then you will print report broken down by Assign to staff categories as primary sort.*

Select one of the following:

- | | |
|---|------------------------|
| 1 | Terminal Digit |
| 2 | Insurance Company Name |
| 3 | Patient Last Name |
| 4 | Total Charges |
| 5 | Bill Number |

Please enter the primary sort criteria: Patient Last Name// 2 Insurance Company Name ◀

Do you want to see ClaimsManager comments associated with these bills? YES// ◀

*** This report is 132 characters wide ***

DEVICE: HOME// ◀ *Select print device.*

ClaimsManager Claim Worksheet Report

The ClaimsManager Worksheet Report prints the ClaimsManager analysis with errors for a given claim in a worksheet format for the Billers to work from when reconciling the claim's errors. This worksheet will provide a hard copy, when necessary, for the Billers to reference. When selecting the IBCI CLAIMSMANAGER WORKSHEET option from the menu the user is prompted to enter the patient's claim number. When a match is found in the ClaimsManager File 351.9 immediately ListManager displays the ClaimsManager Worksheet Report. This is in essence the same display utilized to display ClaimsManager error message(s) when the user is in the IB Enter/Edit Bill Option. If the user wishes to print a hard copy of this bill they simply type PL at the select action prompt. The report can be sent to the user's screen or to a printer.

CHOOSE 1-9: 8 IBCI CLAIMSMANAGER WORKSHEET		ClaimsManager Worksheet Report	
ClaimsManager Worksheet Report			
Select ClaimsManager Bill:		K108936 ◀	
IBCI CLAIMSMANAGER BROWSE WK Apr 27, 2001@15:21:39 Page: 1 of 3			
Name: JACKSON,CHRIS JR** TES (2533) Sex: M DOB: NOV 28,1940 Claim: K108936 (OP)			
Ins: P5 ELECTRONIC HEALTH SERVICES Provider: DEUSKAR,VASANTI			
Coder: MITCHELL,SYTHERI Biller: GUSTAFSON,ERIC S Assigned: MEYERS,STEPHEN L			
Dx's: 414.00 / 786.50			
BEG DATE	END DATE	POS	TOS CPT MOD CHARGE UNIT
Line: 1	06/09/2000	06/09/2000	22 1 78465 293.39 1
(1) ClaimsManager Error: M26 Error Level: 20000			
PROC 78465 requires a modifier -26 or -PC when billing for the professional component in place of service 22.			
*** ClaimsManager AutoFix Indicated ***			
A possible fix for Line Item 1 is to add the modifier 26.			
Line: 2	06/09/2000	06/09/2000	22 1 78478 125.14 1
(2) ClaimsManager Error: M26 Error Level: 20000			
PROC 78478 requires a modifier -26 or -PC when billing for the professional component in place of service 22.			
*** ClaimsManager AutoFix Indicated ***			
+ Enter ?? for more actions			
Select Action:Next Screen//		PL ◀	

ClaimsManager Error Mnemonic Reports

The ClaimsManager Edit Error Mnemonic Report prints professional claims processed through the ClaimsManager Interface and lists bills with specific Error Mnemonic types within a date range. When selecting the IBCI CLAIMSMANAGER ERROR RPT option from the menu, the user is prompted as illustrated below. This is perhaps the most comprehensive report available. Reporting on the edit error mnemonic level makes this report a valuable tool for working the outstanding claims queue and identifying claims ready for submission.

The level of specificity that this report offers will allow the staff to distribute the work in a systematic fashion. Claims of like errors can, by design, be grouped together and resolved much faster using this report. Replacing the Dollar Impact Report, this report offers many other sort-by data elements, which include: Terminal Digit Order, Insurance Company, Patient Name, and Total Claims Charges.

There is a one-to-many relationship meaning that one claim can have many ClaimsManager Edit Error Mnemonic errors. This report can be run in the foreground or in the background. The report can also be queued to a file or a print device. There is a detailed and summary version of this report. See sample reports Appendix D. The sample detailed report printed both error messages and comments. There were three sorts for the sample detailed report: ClaimsManager Edit Error Mnemonic, Assigned to Staff, and Insurance Carrier.

CHOOSE 1-5: 2 IBCI CLAIMSMANAGER ERROR RPT
ClaimsManager Error Report

ClaimsManager Error Report

ClaimsManager Error Report

- 1 ALL Error Codes in the ClaimsManager File
- 2 ANE
- 3 BPS
- 4 CPT
- 5 DCP
- 6 EST
- 7 IAP
- 8 M26
- 9 MOD
- 10 NPS
- 11 PAY
- 12 POS
- 13 PRV
- 14 SUB
- 15 UED
- 16 UOE
- 17 UUD
- 18 UUS

Please note this above list is very volatile due to the number of claims in the system and the date range selected. Your facilities' list might appear differently.

Please Select the Error Codes to include: (1-18): 1// 1

◀ If you select 1 then you will print
all errors on the report.

Select one of the following:

- 1 Event Date (Date of Service)
- 2 Entered Date (Date of Entry into VistA)

Select Date Range by: Event Date// 1 Event Date (Date of Service)



Enter the beginning Event Date: 1.1.2000 (JAN 01, 2000)



Enter the ending Event Date: T (MAR 26, 2002)



Select one of the following:

- 1 All ClaimsManager Statuses
- 2 One Specific ClaimsManager Status
- 3 Any ClaimsManager Status (Bill is still Editable)

Select the ClaimsManager Status Option: 3// 1 All ClaimsManager Statuses



Select one of the following:

D	Detailed
S	Summary

Please enter the report type: Detailed// Detailed

Select one of the following:

1	Display all ClaimsManager Errors for a Bill
2	Display all Bills for a ClaimsManager Error Code

Select the Error Display Type: 1// 1 Display all ClaimsManager Errors for a Bill

Do you want to include one specific Assigned to person or All?

Please enter 1 or A: A// A If you select A then you will print report for all Assigned to staff.

Do you want the primary sort by the Assigned To person? YES// NO If you select YES then you will print report broken down by Assign to staff categories as primary sort.

Select one of the following:

1	Terminal Digit
2	Insurance Company Name
3	Patient Last Name
4	Total Charges
5	Bill Number

Please enter the primary sort criteria: Patient Last Name// 5 Bill Number

Do you want to see the ClaimsManager Error Messages for these bills? YES// NO

Do you want to see ClaimsManager comments associated with these bills? YES// NO

*** This report is 132 characters wide ***

DEVICE: HOME// Select print device.

Section 4

Special Features

The ?CLA is a special feature that allows the user to perform three special ClaimsManager functions:

1. Test Send to ClaimsManager
2. Display ClaimsManager Errors
3. Show ClaimsManager Information

The ?CLA can only be accessed in the **BILL Enter/Edit Billing Information** option when the user is sending a single claim to ClaimsManager .

What is the difference between a TEST send and a LIVE send? ClaimsManager treats these type of claims transmissions differently. With a LIVE send the data on the ClaimsManager Server is updated and the processing time is faster. With a TEST send the data is sent to the ClaimsManager Server as a TEST claim and the results are not stored in the LIVE database.

With ?CLA only claims that meet the following requirements will be transmitted to ClaimsManager in real-time TEST mode when doing a test send.

- Only professional claims that have passed the IB edits that are ready to be authorized may be transmitted to ClaimsManager .
- Transmission will only happen when the ClaimsManager parameters, which are usually set up by system support personnel, are set to indicate that ClaimsManager is ready to receive claims. Please see Common problem sections for screen dialogue that offers guidelines for communication failure problems that may occur between the two systems.

Test Send to ClaimsManager

While in the **BILL Enter/Edit Billing Information** option of IB simply type **?CLA** within any of the Bill Edit Screens and the below options will appear.

YURCHE,TERRY** TEST ** 255-14-1313 BILL#: K100233 - Outpat/HCFA SCREEN <1>	
=====	
DEMOGRAPHIC INFORMATION	
<1> DOB : SEP 22,1921	
[2] Alias : NO ALIAS ON FILE	
<3> Sex : MALE	Marital: DIVORCED
<4> Veteran: YES	Eligibility: NON-SERVICE CONNECTED
[5] Address: 2047 WHARTON DR AUGUSTA, GA 30904	Temporary: NO TEMPORARY ADDRESS
[6] Pt Short Address: 2047 WHARTON DR,AUGUSTA,GA 30904	
[7] SC Care: NO	
<RET> to CONTINUE, 1-7 to EDIT, '^N' for screen N, or '^' to QUIT: ?CLA	

VistA-ClaimsManager Interface Options

Select one of the following:

1	Test Send to ClaimsManager
2	Display ClaimsManager Errors
3	Show ClaimsManager Information

Select option or press RETURN to continue: 1 Test Send to ClaimsManager ◀

... TEST-Sending K100233 to ClaimsManager

ClaimsManager found 3 errors with this bill.
Press RETURN to view the errors.

Since the ClaimsManager Server was designed to give priority to LIVE data, sending a TEST claim does take a little more time. Not to worry, the process will automatically display the error messages in a ClaimsManager Worksheet ListManager Screen. With this screen the only action available is to exit.

Display ClaimsManager Errors

Likewise when displaying the historical error message(s) for a claim the error message(s) will automatically be displayed in a ClaimsManager Worksheet ListManager Screen. The data is retrieved from the history file for the last successful send to ClaimsManager. This feature does not usually require any interaction with ClaimsManager and will be very fast since the historic ClaimsManager data is stored on VISTA. Again the only action possible is to exit.

IBCI CLAIMSMANAGER BROWSE WK Apr 27, 2001@15:29:13 Page: 1 of 1

Name: YURCHE,TERRY** TEST (1313) Sex: M DOB: SEP 22,1921 Claim: K100233 (OP)

Ins: Provider:

Coder: PILLAI,JAY J Biller: POSTMASTER Assigned: RAVEN,JEANETTE

Dx's: 250.10

	BEG DATE	END DATE	POS	TOS	CPT	MOD	CHARGE	UNIT
Line: 1	07/19/2000	07/19/2000			78465		324.76	1

(1) ClaimsManager Error: PAY Error Level: 10000
The PAYOR ID cannot be located in the PAYOR table. No further analysis could be performed.

(2) ClaimsManager Error: PRV Error Level: 10000
The provider ID or department ID is blank or cannot be located within the provider table.

(3) ClaimsManager Error: BPS Error Level: 10000
The place of service () is missing or invalid.

Enter ?? for more actions

Select Action:Quit// ◀

Show ClaimsManager Information

When the feature “Show ClaimsManager Information” is selected the information displayed is statistical date/time/user information for a particular claim. By design the Last Edited Date is updated even during a test send. This allows the user to track when a claim was last processed, even if the claim was worked on in the TEST mode.

```
<RET> to CONTINUE, 1-7 to EDIT, '^N' for screen N, or '^' to QUIT: ?CLA

                                VistA-ClaimsManager Interface Options

Select one of the following:

      1      Test Send to ClaimsManager
      2      Display ClaimsManager Errors
      3      Show ClaimsManager Information

Select option or press RETURN to continue: 3  Show ClaimsManager Information

                                Current Status: RETURNED WITH ERRORS

Times sent to ClaimsManager: 1
      Last sent date/time: APR 17, 2001@16:48
      Last sent by: MEYERS,STEPHEN L

      Date/time Entered: APR 10, 2001@11:27:39
      Entered by: CANADA,DONNA R
      Date/time Last Edited: MAY 29, 2001@14:48:29
      Last Edited by: RAVEN,JEANETTE

      Assigned to: LIGHTFOOT,TYRA M
      Coder: PILLAI,JAY J
      Biller: POSTMASTER

Press RETURN to continue: ◀
```

Assign Claims IBCI CLAIMSMANAGER ASSIGN CLAIM

Assign Claims IBCI CLAIMSMANAGER is available to all users which have this option placed on their menus. However, the Security Key IBCI CLAIMSMANAGER ASSIGN will determine your limitations for assigning claims. Those users holding the security key IBCI CLAIMSMANAGER ASSIGN are able to globally assign any ClaimsManager Claim to any staff member. Staff not holding this security key are limited to only those claims currently residing in their assign queue.

Also it is important to note that, irrespective of security key IBCI CLAIMSMANAGER ASSIGN, only those claims with an IB status of:

- 1 ENTERED/NOT REVIEWED
- 2 REQUEST MRA

are available for reassignment. This new option, primarily designed for use by coders, can be accessed from the user's menu. The exact attachment of this option may differ from site to site. Please contact your supervisor to find

out about access to this option. Essentially this option allows for the re-assignment of claims to the appropriate staff. A claim is typically re-assigned when the current user has finished their work. Before passing the claim along to the next person it is critical to keep a communication trail by entering accurate and detailed notes for the next person receiving the bill. Once the assignment has taken place a priority or normal MailMan message will be sent to the new assigned to person responsible for processing the bill. No MailMan message will be sent if the user assigns the bill back to their queue.

Select ClaimsManager Bill: K108882 WALDEN,RAY N** TEST ** 12-13-99
Outpatient REIMBURSABLE INS. ENTERED/NOT REVIEWED

Current Status: RETURNED WITH ERRORS

Times sent to ClaimsManager: 8

Last sent date/time: APR 10, 2001@11:28:46

Last sent by: RAVEN,JEANETTE

Date/time Entered: APR 02, 2001@13:09:51

Entered by: RAVEN,JEANETTE

Date/time Last Edited: MAY 17, 2001@10:20:46

Last Edited by: RAVEN,JEANETTE

Assigned to: RAVEN,JEANETTE

Coder: COOPER,SUSAN B

Biller: RAVEN,JEANETTE

Press RETURN to continue:

Please enter some comments for the person to whom this
bill will be assigned.

COMMENTS:

Edit line: add line:

1>Coding is complete.

2>Please verify Insurance COB rules.

3>

EDIT Option:

Please enter the person to whom this bill should be assigned.

ASSIGNED TO PERSON: RAVEN,JEANETTE// mitchell,l MITCHELL,LINDA P LPM
RO ATLANTA CLAIMS EXAMINER

Claim K108937 has been assigned to MITCHELL,LINDA P.

If you want to send a MailMan message about this bill assignment
to a specific Mail Group, then please choose that Mail Group here.

MAIL GROUP:

A MailMan message has been sent to MITCHELL,LINDA P.

Here is a sample of a priority MailMan Message sent to a newly assigned user:

```
Subj: ClaimsManager Claim K108937 Assigned to RAVEN,JEANETTE  [#13288114]
25 Jun 01 16:54  26 lines
From: MEYERS,STEPHEN L  In 'IN' basket.  Page 1  Priority!
-----
K108937 has been assigned to: RAVEN,JEANETTE
                        by: MEYERS,STEPHEN L

Comment entered by MEYERS,STEPHEN L on JUN 25, 2001@16:54:20

<< No Comments Entered >>

----- Patient and Claim Information -----
Name: YURCHE,TERRY** TEST(5312)  Sex: M  DOB: OCT 24,1948  Claim: K108937(IP)
Ins: GEHA                                Provider: SMITH,KEVIN L
Coder: HENRY,GERALD D  Biller: GUSTAFSON,ERIC S  Assigned: RAVEN,JEANETTE
-----

ClaimsManager Errors and Line Item Data

-----BEG DATE---END DATE---POS---TOS---CPT-----MOD-----CHARGE-----UNIT
Line: 3  02/18/2000  02/25/2000  21    1    31622                875.66        2

Enter RETURN to continue or '^' to exit:

Subj: ClaimsManager Claim K108937 Assigned to RAVEN,JEANETTE  [#13288114]
Page 2
-----
Dx's: 799.0 / 514. / V46.1
(1) ClaimsManager Error: DCP                                Error Level: 20000
    This line item may be a duplicate of line #3/3 on Claim #K108937.
    The typical allowed daily frequency for this procedure is 1.

    *** ClaimsManager AutoFix Indicated ***
    A possible fix for Line Item 3 is to add the modifier 76.

Enter message action (in IN basket): Ignore// Save
```

User Defined Fields

The use of User Defined Fields can greatly enhance the way ClaimsManager checks claims. The fields have to be defined on both the ClaimsManager Server and the VistA system. This is all part of the initial set up. The typical user does not need to worry about the how these fields are initialized. Please refer to the Installation Manual for further details on how to establish these fields. Your supervisor has designated staff to maintain the ClaimsManager Server and they are responsible for maintaining the User Defined Fields.

Here is a current list of the User Defined fields in use for this interface. Each one of these fields is populated for each line segment of the ClaimsManager Interface. The ClaimsManager User Defined fields are associated with the repeating line segment.

UDF#1 will be the Y/N flag, "Is this a sensitive record?".

UDF#2 will be the name of the Coder.

UDF#3 will be the name of the Biller.

UDF#4 will be the Type of Insurance Plan abbreviation taken from VistA file# 355.1.

ClaimsManager allows for up to 25 User Defined fields.

Section 5

Common Problems

What happens when the system is down? For the most part business as usual will be a working solution.

When the ClaimsManager Interface is down or disabled the workflows of the Integrated Billing modules are still able to process claims and function. In designing this Interface it was anticipated that problems like this would occur and that is why the various statuses were defined:

1. **LOGGED NOT SENT TO CLAIMSMANAGER
2. **SENT TO CLAIMSMANAGER
3. **PASSED CLAIMSMANAGER - NO ERRORS
4. **RETURNED WITH ERRORS
5. **ERRORS OVERRIDDEN
6. ERROR - COMMUNICATION FAILURE
7. CLAIMSMANAGER NOT WORKING
8. **SENT TO CLAIMSMANAGER – HISTORICAL
9. **CANCELLED
10. CANCELLED - NOT UPDATED IN CLAIMSMANAGER
11. OVERRIDDEN - NOT UPDATED IN CLAIMSMANAGER

** denotes claims that have no communication problems.

Managers will define, from a business rules perspective, how to process claims when the ClaimsManager Interface is down. From a ClaimsManager Interface software perspective utilizing the ClaimsManager statuses and ClaimsManager Status Report as a tool will help provide a snapshot of the statuses and quantity of outstanding claims which have to be worked and submitted.

Multiple Sending

The multiple sending of claims plays a significant role in such a situation. The ClaimsManager Interface pays particular attention to the following ClaimsManager statuses:

- ERROR - COMMUNICATION FAILURE
- CLAIMSMANAGER NOT WORKING
- CANCELLED - NOT UPDATED IN CLAIMSMANAGER
- OVERRIDDEN - NOT UPDATED IN CLAIMSMANAGER

When any one of the following statuses is encountered during the processing of a claim, a message will be sent to the user's screen and a MailMan message is sent to the IBCI COMMUNICATION ERROR group. All of these communication problems are handled through a message to the user's screen and a follow-up MailMan message to the group.

Mail Groups

General Errors Mail Group IBCI GENERAL ERROR

This Mail Group receives message when claims are sent from the Multiple Send option and errors are found.

Comm Error Mail Group IBCI COMMUNICATION ERROR

This Mail Group receives messages when there is a communications failure in the transmission to the Ingenix ClaimsManager Server. Below are sample MailMan Messages for a few Communication Error Types.

Subj: ClaimsManager Communications Error sending K108937 [#13287623]

18 May 01 12:09 14 lines

From: CLAIMSMANAGER INTERFACE In 'IN' basket. Page 1

** CLAIMSMANAGER COMMUNICATIONS ERROR **

While attempting to send claim # K108937, Error Code # 1 was generated.

User attempted a Test Send from the Edit Screens.

Error Description:

TCP/IP time-out during 1st read.

Please correct the problem and send again.

Bill Sent By: MEYERS,STEPHEN L

Enter message action (in IN basket): Ignore//

Subj: ClaimsManager Communications Error sending K106041 [#13287124]

30 Mar 01 12:53 18 lines

From: POSTMASTER (Sender: MEYERS,STEPHEN L) In 'IN' basket. Page 1

** CLAIMSMANAGER COMMUNICATIONS ERROR **

While attempting to send claim # K106041, Error Code # 3 was generated.

User attempted a Normal Send from the Multiple Send Option.

Error Description:

1st read was NOT a ClaimsManager ACK message.

ClaimsManager Error Message:

RECEIVED A NAK - Record Parsing Failed.

Please correct the problem and send again.

Bill Sent By: MEYERS,STEPHEN L

Enter message action (in IN basket): Ignore//

Subj: ClaimsManager Communications Error sending K108944 [#13287577]
30 Apr 01 14:27 14 lines
From: CLAIMSMANAGER INTERFACE In 'IN' basket. Page 1

** CLAIMSMANAGER COMMUNICATIONS ERROR **

While attempting to send claim # K108944, Error Code # 4
was generated.

User attempted a Test Send from the Edit Screens.

Error Description:

TCP/IP Time-out during 2nd read.

Please correct the problem and send again.

Bill Sent By: GUSTAFSON,ERIC S

Enter message action (in IN basket): Ignore//

Subj: ClaimsManager Communications Error sending K108932 [#13287518]
17 Apr 01 14:06 14 lines
From: CLAIMSMANAGER INTERFACE In 'IN' basket. Page 1

** CLAIMSMANAGER COMMUNICATIONS ERROR **

While attempting to send claim # K108932, Error Code # 99
was generated.

User attempted a Normal Send after Editing.

Error Description:

Unable to Open Port.

Please correct the problem and send again.

Bill Sent By: GUSTAFSON,ERIC S

Enter message action (in IN basket): Ignore//

Section 6

Menu Navigation Quick Reference

If you have this menu ...	This is a new option on that menu ...	With these sub-options
Patient Billing Reports Menu	CLRP – ClaimsManager Reports Menu	WRK – ClaimsManager Worksheet Report STA – ClaimsManager Status Report ERR – ClaimsManager Error Report
Third Party Billing Menu	CLA – Multiple ClaimsManager Claim Send Note: The IBCI CM MULTIPLE CLAIM SEND Security Key is needed for this option.	N/A
System Manager's Integrated Billing Menu	CLA – Extract Data Files for ClaimsManager	NPT – Create ClaimsManager NPT File PAY – Create ClaimsManager Payor File

Action	Menu Option (s)	Attached to Menus
Send Bill to ClaimsManager	BILL Enter/Edit Billing Information	N/A
Cancel Bill	BILL Enter/Edit Billing Information IB CANCEL/EDIT/ADD CHARGES IB COPY AND CANCEL	N/A
Override ClaimsManager	BILL Enter/Edit Billing Information	N/A *Key Required* IBCI CLAIMSMANAGER OVERRIDE
Multiple Claim Send	IBCI MULTIPLE CLAIM SEND	IB THIRD PARTY BILLING MENU *Key Required* IBCI CM MULTIPLE CLAIM SEND
Print ClaimsManager Error Report	IBCI ClaimsManager ERROR RPT	IBCI CLAIMSMANAGER RPT MENU IB OUTPUT PATIENT REPORT MENU
Print ClaimsManager Status Report	IBCI ClaimsManager STATUS RPT	IBCI CLAIMSMANAGER RPT MENU IB OUTPUT PATIENT REPORT MENU
Print ClaimsManager Worksheet	IBCI ClaimsManager WORKSHEET	IBCI CLAIMSMANAGER RPT MENU IB OUTPUT PATIENT REPORT MENU
Print IB Bill Status Report	IB BILL STATUS REPORT	N/A
Assign ClaimsManager Bill	IBCI ASSIGN CLAIMSMANAGER BILL	See supervisor for location.
■ ■ Extract NPT	IBCI CLAIMSMANAGER NPT FILE	IB SITE MGR MENU Extract Data Files for ClaimsManager™
■ ■ Extract Payor	IBCI CLAIMSMANAGER PAYOR FILE	IB SITE MGR MENU Extract Data Files for ClaimsManager™

■ ■ Please note instructions for the Extraction Menu Options appear in the INTEGRATED BILLING INGENIX CLAIMSMANAGER INTERFACE Installation Guide.

Appendix A

Anatomy of ClaimsManager Error Message Screen (ListManager)

IBCI ClaimsManager MGR WK ◀ 1		Apr 30, 2001@07:30:21		Page: 1 of 2			
Name: ENGRON,STEVEN CHASE** T (0101)		Sex: M DOB: NOV 13,1928		Claim: K108860 (IP) ◀ 2			
Ins: AFLAC		Provider: PALLAS,CHRISTOPH					
Coder: HENRY,GERALD D		Billor: GUSTAFSON,ERIC S		Assigned: RAVEN,JEANETTE			
BEG DATE	END DATE	POS	TOS	CPT	MOD	CHARGE	UNIT
Line: 1	10/04/2000	10/04/2000	21	1	93510	26	819.43 1 ◀ 3
Dx's: 427.31 ◀ 4							
(1) ClaimsManager Error: IAP		◀ 5		Error Level: 20000		◀ 6	
ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated ◀ 7							
diagnosis for Proc 93510. Verify that this is the primary diagnosis.							
Line: 2	10/04/2000	10/04/2000	21	1	93543	74.51	1
Dx's: 427.31							
(2) ◀ 8		ClaimsManager Error: IAP		Error Level: 20000			
ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated							
diagnosis for Proc 93543. Verify that this is the primary diagnosis.							
Line: 3	10/04/2000	10/04/2000	21	1	93545	72.72	1
Dx's: 427.31							
(3) ClaimsManager Error: IAP		◀ 5		Error Level: 20000			
ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated							
diagnosis for Proc 93545. Verify that this is the primary diagnosis.							
Line: 5	10/04/2000	10/04/2000	21	1	93556	269977 ◀ 9 ■ ■	1
Dx's: 427.31							
(4) ClaimsManager Error: IAP		◀ 5		Error Level: 20000			
ICD-9 CM 42731 (ATRIAL FIBRILLATION) is not a frequently associated							
diagnosis for Proc 93556. Verify that this is the primary diagnosis.							
*** ClaimsManager AutoFix Indicated ***							
A possible fix for Line Item 5 is to add the modifier 76. ◀ 10							
+ Enter ?? for more actions							
CB CANCEL BILL		RE REEDIT BILL					
OV OVERRIDE ERRORS		EX EXIT					
SELECT ACTION:Next Screen//		RE REEDIT BILL		◀ 11			

- 1) This is the ListManager Template name. Users without Manager security access will call a different ListManager Template to display information back from ClaimsManager.
- 2) There are two data elements defined on this line the first item (0101) is the patient's last 4 digits of their Social Security Number (digits 6 through 9). The second item is the type of encounter code. (IP) indicates In-Patient visits and (OP) indicates Out-Patient visits.
- 3) Similar to Box 24 on the HCFA-1500 Form this line displays:
 - HCFA Line number
 - From Date of Service
 - To Date of Service
 - Place of Service

Type of Service
CPT procedure code
Modifier(s)
Charge
Units

- 4) This illustrates how diagnoses are listed as they relate to a specific HCFA line. Please note that no more than 4 diagnoses per line can be sent to EDI and ClaimsManager. Also IB currently limits the number of diagnoses that are reported to the payer through EDI to a maximum of 8. Therefore it is recommended that any claim with more than 8 diagnoses be printed on paper and sent to the carrier.
- 5) ClaimsManager Edit Error Mnemonic. The Mnemonic code is generated by ClaimsManager as a key data element used in ClaimsManager and is also used when running the IBCI CLAIMSMANAGER ERROR RPT. This manual can not tell you how ClaimsManager uses this error code. Please refer to the ClaimsManager User Documentation that was received with your purchase of the ClaimsManager System from Ingenix.
- 6) ClaimsManager Error Level. The Error Level is generated by ClaimsManager and is not a key data element for this installation. This manual can not tell you how ClaimsManager uses this error level. Please refer to the ClaimsManager User Documentation that was received with your purchase of the ClaimsManager System from Ingenix.
- 7) This illustrates an actual ClaimsManager error message encountered. Each error messages can have 1 to many lines.
- 8) The number enclosed in () is the sequential number of the error returned by ClaimsManager. The number is more cosmetic for display purposes and is not utilized in any way that the user needs to worry about. Each HCFA line can have 0, 1 or many error(s) for each line.
- 9) This is an example of a HCFA line with more than 1 modifier. Up to 3 modifiers can be displayed for each line when a line has more than 1 modifier.
- 10) This is an illustration of a ClaimsManager AutoFix message. This manual can not tell you how ClaimsManager uses auto fix messages. Please refer to the ClaimsManager User Documentation that was received with your purchase of the ClaimsManager System from Ingenix and talk to your supervisor to determine how your facility uses these messages.
- 11) This is the action item. Users will select the appropriate action necessary to complete their work. For more details on the available actions see Resolve ClaimsManager 's Errors for a Claim section of this manual.

Appendix B

Sample Report: IBCI CLAIMSMANAGER STATUS REPORT

ClaimsManager Status Report sort by Patient Last Name for 01/01/00 thru 05/01/00

Page :1

Detailed Report

Run Date: AUG 15,2001@13:43:41

BILL NO.	PATIENT NAME	PID	EVENT	BILLER	CODER	ASSIGN	ERROR CODES	TYPE	CHARGES	CM	STATUS
K106128	AAXNI,LAAHY G CU	4378	01/10/00	SCOTT,	HENRY,	UNASSI		I	0		CANCELLED
K086274	AHPDT,CLZHT	6688	05/01/00	POSTMA	SINGH,	UNASSI		O	42		CANCELLED
K108963	AXIFH,SLAZLIFH IHPDS	7755	04/09/00	GUSTAF	MITCHE	GUSTAF		O	109		NOT SENT TO CM
K096206	BDZKUHA, EHYAHN ELIH	0585	02/09/00	JACKSO	DION,M	UNASSI		O	97		PASS CM W/O ERR
K108231	CLJBTXY,LAKHUS E	4126	04/11/00	STONE,	CABARR	UNASSI	PRV	O	78		CANCELLED
K108236	CLJBTXY,LAKHUS E	4126	02/18/00	STONE,	CABARR	UNASSI	PRV	O	171		CM HISTORICAL
K108840	CLJBTXY,LAKHUS E	4126	04/11/00	RAVEN,	CABARR	UNASSI		O	44		NOT SENT TO CM
K108842	CLJBTXY,LAKHUS E	4126	03/10/00	RAVEN,	CABARR	UNASSI		O	90		NOT SENT TO CM
K108874	CLJBTXY,LAKHUS E	4126	04/11/00	RAVEN,	CABARR	UNASSI		O	78		CANCELLED
K108875	CLJBTXY,LAKHUS E	4126	03/10/00	RAVEN,	CABARR	UNASSI		O	90		PASS CM W/O ERR
K108876	CLJBTXY,LAKHUS E	4126	03/10/00	RAVEN,	CABARR	UNASSI		O	1,072		NOT SENT TO CM
K108865	CLZHT,LLUXY L	8347	01/10/00	GUSTAF	EMRICK	UNASSI		I	927		CANCELLED
K108887	CLZHT,LLUXY L	8347	04/01/00	GUSTAF	EMRICK	UNASSI		I	105		NOT SENT TO CM
K108888	CLZHT,LLUXY L	8347	04/01/00	GUSTAF	EMRICK	GUSTAF	DCP	I	538		ERRORS RETURNED
K108961	CLZHT,LLUXY L	8347	01/10/00	GUSTAF	EMRICK	GUSTAF	DCP	I	389		ERRORS RETURNED
K108917	DYFAH,EXNHSS	1628	04/28/00	GUSTAF	MITCHE	MITCHE	PRV	O	87		ERRORS RETURNED
K108938	ELAHT,JLUZHY GULYJHT	7906	03/07/00	GUSTAF	GRIFFI	UNASSI		O	464		NOT SENT TO CM
K108897	ELHUAH,LYSEXYN J	4887	01/15/00	GUSTAF	EMRICK	UNASSI		I	475		CANCELLED
K108948	ELHUAH,LYSEXYN J	4887	01/15/00	RAVEN,	EMRICK	GUSTAF	DCP	I	475		ERRORS RETURNED
K108924	ERSJEDYTX,TDIYHN A	2710	03/28/00	GUSTAF	CARNEY	UNASSI		O	90		PASS CM W/O ERR
K108863	GLUYLJJD,KKKKN HRFHY	6249	03/01/00	GUSTAF	STEM,P	CANADA	M26	I	1,170		ERRORS RETURNED
K108954	IHP,EHYUN HLUA	3949	04/27/00	GUSTAF	MCDANI	UNASSI		O	837		NOT SENT TO CM
K108955	IHP,EHYUN HLUA	3949	04/27/00	GUSTAF	MCDANI	GUSTAF	POS	O	266		ERRORS RETURNED
K108861	JXZDTBL,UXYLAI TSHQH	8278	04/20/00	GUSTAF	MENO,R	RIOS,P	DCP	O	1,915		ERRORS RETURNED
K108053	LYIHUTXY,FUDS L	4821	01/28/00	STONE,	NICHOL	UNASSI	DCP, PRV	I	167		CM HISTORICAL
K108055	LYIHUTXY,FUDS L	4821	01/28/00	STONE,	NICHOL	UNASSI	PRV	I	47		CM HISTORICAL
K108898	SDYIHA,CHUUN	8768	02/25/00	GUSTAF	SMITH,	UNASSI		O	244		SENT TO CM
K0A5328	SLYBLUI,CHGGUHN L	9683	04/10/00	SCOTT,	HENRY,	UNASSI		I	0		NOT SENT TO CM
K108868	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF	HENRY,	MITCHE	DCP	I	614		ERRORS RETURNED
K108915	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF	HENRY,	RIOS,P	DCP	I	482		ERRORS RETURNED
K108935	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF	HENRY,	UNASSI		I	64		PASS CM W/O ERR
K108937	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF	HENRY,	RIOS,P	DCP	I	1,143		ERRORS RETURNED
K108862	SXXAH,KHUYLUI H	7335	04/20/00	GUSTAF	NICHOL	UNASSI		I	1,170		PASS CM W/O ERR
K071828	TSXBHT,EHUKHUS	1644	03/15/00	POSTMA	CABARR	FOLK,S	EST,IAP,UOE	O	213		ERRORS RETURNED
K108866	TWDUHT,CDZ	7755	02/01/00	GUSTAF	CHIJD	RAVEN,	DCP	I	1,016		ERRORS RETURNED
K108909	TWDUHT,CDZ	7755	02/01/00	GUSTAF	CHIJD	UNASSI		I	389		NOT SENT TO CM
K108910	TWDUHT,CDZ	7755	02/01/00	GUSTAF	CHIJD	UNASSI		I	214		NOT SENT TO CM
K108889	TZDSE,ZDJELHA T	0424	01/12/00	GUSTAF	VEGA,M	UNASSI		O	138		NOT SENT TO CM
K108933	UHGHQT,JELUAHT YLSEL	3043	01/24/00	GUSTAF	SMITH,	UNASSI		O	17		CANCELLED
K075032	WEDANLP,CLZHT AHH	6750	03/27/00	POSTMA	VEGA,M	GUSTAF		O	119		CANCELLED
K108174	XPIHY,WUDYJH J	4578	02/10/00	STONE,	MENO,R	UNASSI	PRV	I	1,036		CANCELLED
K108950	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	MENO,R	SHERMA	ANE,SUB	I	852		ERRORS RETURNED
K108966	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	MENO,R	UNASSI		I	205		PASS CM W/O ERR
K108969	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	CABARR	UNASSI		O	239		CANCELLED
K108970	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	CABARR	UNASSI		O	0		NOT SENT TO CM
K108971	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	CABARR	UNASSI		O	1,036		PASS CM W/O ERR
K108972	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	MENO,R	UNASSI		I	1,036		CANCELLED
K108973	XPIHY,WUDYJH J	4578	02/10/00	GUSTAF	MENO,R	UNASSI		I	478		NOT SENT TO CM
K108959	XPHYT,CXEY L CU	1923	01/06/00	GUSTAF	WAKEFI	UNASSI		O	106		PASS CM W/O ERR

ClaimsManager Bill Totals by ClaimsManager Status

CANCELLED	11	\$4,047
LOGGED NOT SENT TO CLAIMSMANAGER	13	\$3,940
PASSED CLAIMSMANAGER - NO ERRORS	8	\$2,858
RETURNED WITH ERRORS	13	\$9,160
SENT TO CLAIMSMANAGER	1	\$244
SENT TO CLAIMSMANAGER - HISTORICAL	3	\$385

GRAND TOTAL	49	\$20,634

BILL NO.	PATIENT NAME	PID	EVENT	BILLER	CODER	ASSIGN	ERROR CODES	TYPE	CHARGES	CM STATUS
=====										
ClaimsManager Bill Totals by ClaimsManager Status										
			CANCELLED			11			\$4,047	
			LOGGED NOT SENT TO CLAIMSMANAGER			13			\$3,940	
			PASSED CLAIMSMANAGER - NO ERRORS			8			\$2,858	
			RETURNED WITH ERRORS			13			\$9,160	
			SENT TO CLAIMSMANAGER			1			\$244	
			SENT TO CLAIMSMANAGER - HISTORICAL			3			\$385	
						-----			-----	
			GRAND TOTAL			49			\$20,634	

Sample Report: IBCI CLAIMSMANAGER ERROR REPORT

ClaimsManager Detailed Error Report sort by Insurance Company for 01/01/00 thru 05/01/00
Detailed Report

Page :1
 Run Date: AUG 15,2001@13:40:07

ERROR	BILL NO.	PATIENT NAME	PID	EVENT	BILLER	CODER	ASSIGN	ERROR CODES	TYPE	CHARGES	CM	STATUS
=====												
INSURANCE: ADMINISTRATIVE SERVICES I												
PRV*1	K108231	CLJBTXY,LAKHUS E	4126	04/11/00	STONE,	CABARR	UNASSI	PRV	O	78		CANCELLED
CM Error Message: The provider ID or department ID is blank or cannot be located within the provider table.												
Comments last edited by RAVEN,JEANETTE on APR 02, 2001@11:45:55 HE:LP												
PRV*1	K108236	CLJBTXY,LAKHUS E	4126	02/18/00	STONE,	CABARR	UNASSI	PRV	O	171	CM	HISTORICAL
CM Error Message: The provider ID or department ID is blank or cannot be located within the provider table.												
DCP*1	K108888	CLZHT,LLUXY L	8347	04/01/00	GUSTAF	EMRICK	GUSTAF	DCP	I	538		ERRORS RETURNED
CM Error Message: This line item may be a duplicate of line #1/1 on Claim #K108888. The typical allowed daily frequency for this procedure is 1.												
*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 1 is to add the modifier 76.												
DCP*2	K108888	CLZHT,LLUXY L	8347	04/01/00	GUSTAF	EMRICK	GUSTAF	DCP	I	538		ERRORS RETURNED
CM Error Message: This line item may be a duplicate of line #2/2 on Claim #K108888. The typical allowed daily frequency for this procedure is 1.												
*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 2 is to add the modifier 76.												
Comments last edited by MEYERS,STEPHEN L on JUL 19, 2001@01:11:43 ASDFASDFASDF *---GUSTAFSON,ERIC S---7/19/2001---00:17:59---* << No Comments Entered >> *---GUSTAFSON,ERIC S---7/19/2001---00:24:30---* << No Comments Entered >> *---GUSTAFSON,ERIC S---7/19/2001---00:26:59---* alsdfjlkasdfasdf asdf asf f asdf as df asdf sa dfas df *---GUSTAFSON,ERIC S---7/19/2001---00:30:14---* ASDFASDFASDF ASFASF *---GUSTAFSON,ERIC S---7/19/2001---00:38:06---* << No Comments Entered >> *---MEYERS,STEPHEN L---7/19/2001---00:38:43---* << No Comments Entered >> *---MEYERS,STEPHEN L---7/19/2001---00:39:35---* G *---MEYERS,STEPHEN L---7/19/2001---00:44:56---* asdfasdfas *---GUSTAFSON,ERIC S---7/19/2001---01:09:51---* << No Comments Entered >> *---MEYERS,STEPHEN L---7/19/2001---01:11:30---* ASLDKJFLSAKFDKASLKFASLJALJASLFLJALKS												
DCP*1	K108961	CLZHT,LLUXY L	8347	01/10/00	GUSTAF	EMRICK	GUSTAF	DCP	I	389		ERRORS RETURNED
CM Error Message: This line item may be a duplicate of line #1/1 on Claim #K108961. The typical allowed daily frequency for this procedure is 1.												
*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 1 is to add the modifier 76.												
Comments last edited by GUSTAFSON,ERIC S on JUL 05, 2001@15:03:31 SASDFASDFASDF ASDFASDF ASDF ASDFASDF												
INSURANCE: AETNA US HEALTHCARE												
PRV*1	K108917	DYFAH,EXNHSS	1628	04/28/00	GUSTAF	MITCHE	MITCHE	PRV	O	87		ERRORS RETURNED
CM Error Message: The provider ID 6428 or department ID is blank or cannot be located within the provider table.												
PRV*2	K108917	DYFAH,EXNHSS	1628	04/28/00	GUSTAF	MITCHE	MITCHE	PRV	O	87		ERRORS RETURNED
CM Error Message: The provider ID 6428 or department ID is blank or cannot be located within the provider table.												
Comments last edited by GUSTAFSON,ERIC S on MAY 25, 2001@13:38:29 Johnson is a valid provider. This is a credentialing maint. issue. Will have up-date Vista provider file. Send claim. jsr												
DCP*3	K108948	ELHUAH,LYSEXYN J	4887	01/15/00	RAVEN,	EMRICK	GUSTAF	DCP	I	475		ERRORS RETURNED
CM Error Message: This line item may be a duplicate of line #3/3 on Claim #K108948. The typical allowed daily frequency for this procedure is 1.												
*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 3 is to add the modifier 76.												
Comments last edited by FOLK,SUSAN D on AUG 03, 2001@19:33:01 *---FOLK,SUSAN D---8/3/2001---19:33---*												

<< No Comments Entered >>

M26*1	K108863	GLUYLJJD,KXKKN HRFHY	6249	03/01/00	GUSTAF STEM,P CANADA M26	I	1,170	ERRORS RETURNED
		CM Error Message:	PROC 93510 requires a modifier -26 or -PC when billing for the professional component in place of service 21.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 1 is to add the modifier 26.						
M26*4	K108863	GLUYLJJD,KXKKN HRFHY	6249	03/01/00	GUSTAF STEM,P CANADA M26	I	1,170	ERRORS RETURNED
		CM Error Message:	PROC 93555 requires a modifier -26 or -PC when billing for the professional component in place of service 21.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 4 is to add the modifier 26.						
M26*5	K108863	GLUYLJJD,KXKKN HRFHY	6249	03/01/00	GUSTAF STEM,P CANADA M26	I	1,170	ERRORS RETURNED
		CM Error Message:	PROC 93556 requires a modifier -26 or -PC when billing for the professional component in place of service 21.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 5 is to add the modifier 26.						
		Comments last edited by GUSTAFSON,ERIC S on MAY 22, 2001@14:59:24 HEJLKFDKJSLKFDK						
POS*1	K108955	IHP,EHYUN HLUA	3949	04/27/00	GUSTAF MCDANI GUSTAF POS	O	266	ERRORS RETURNED
		CM Error Message:	PROC 93015 is not typically performed by a physician at Place of Service 22.					
		Comments last edited by GUSTAFSON,ERIC S on AUG 05, 2001@13:05:57 *---GUSTAFSON,ERIC S---8/5/2001---13:02:25---* << No Comments Entered >> *---GUSTAFSON,ERIC S---8/5/2001---13:05:55---* << No Comments Entered >>						
DCP*1	K108861	JXZDTBL,UXYLAI TSHQH	8278	04/20/00	GUSTAF MENO,R RIOS,P DCP	O	1,915	ERRORS RETURNED
		CM Error Message:	This line item may be a duplicate of line #1/1 on Claim #K108861. The typical allowed daily frequency for this procedure is 8.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 1 is to add the modifier 76.						
		Comments last edited by FOLK,SUSAN D on AUG 06, 2001@12:03:53 *---FOLK,SUSAN D---8/6/2001---12:02:58---* This bill appears to be OK, what do you think?						
PRV*1	K108053	LYIHUTXY,FUDS L	4821	01/28/00	STONE, NICHOL UNASSI DCP,PRV	I	167	CM HISTORICAL
		CM Error Message:	The provider ID or department ID is blank or cannot be located within the provider table.					
PRV*2	K108053	LYIHUTXY,FUDS L	4821	01/28/00	STONE, NICHOL UNASSI DCP,PRV	I	167	CM HISTORICAL
		CM Error Message:	The provider ID or department ID is blank or cannot be located within the provider table.					
DCP*2	K108053	LYIHUTXY,FUDS L	4821	01/28/00	STONE, NICHOL UNASSI DCP,PRV	I	167	CM HISTORICAL
		CM Error Message:	This line item may be a duplicate of line #1/1 on Claim #K108053. The typical allowed daily frequency for this procedure is 1.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 2 is to add the modifier 76.						
PRV*1	K108055	LYIHUTXY,FUDS L	4821	01/28/00	STONE, NICHOL UNASSI PRV	I	47	CM HISTORICAL
		CM Error Message:	The provider ID or department ID is blank or cannot be located within the provider table.					
DCP*5	K108868	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF HENRY, MITCHE DCP	I	614	ERRORS RETURNED
		CM Error Message:	This line item may be a duplicate of line #5/5 on Claim #K108868. The typical allowed daily frequency for this procedure is 1.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 5 is to add the modifier 76.						
		Comments last edited by GUSTAFSON,ERIC S on JUL 05, 2001@10:42:09 TEST						
DCP*2	K108915	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF HENRY, RIOS,P DCP	I	482	ERRORS RETURNED
		CM Error Message:	This line item may be a duplicate of line #2/2 on Claim #K108915. The typical allowed daily frequency for this procedure is 1.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 2 is to add the modifier 76.						
		Comments last edited by GUSTAFSON,ERIC S on AUG 09, 2001@10:07:58 *---GUSTAFSON,ERIC S---8/9/2001---10:07:55---* << No Comments Entered >>						
DCP*3	K108937	SXXAH,GHAIHU ALQHUY	7822	02/14/00	GUSTAF HENRY, RIOS,P DCP	I	1,143	ERRORS RETURNED
		CM Error Message:	This line item may be a duplicate of line #3/3 on Claim #K108937. The typical allowed daily frequency for this procedure is 1.					
		*** ClaimsManager AutoFix Indicated *** A possible fix for Line Item 3 is to add the modifier 76.						
		Comments last edited by FOLK,SUSAN D on AUG 07, 2001@17:08:44 *---FOLK,SUSAN D---8/7/2001---17:08:42---* << No Comments Entered >>						
INSURANCE:	BLUE CROSS OF SOUTH CAROL							
IAP*2	K071828	TSXBHT,EHUKHUS	1644	03/15/00	POSTMA CABARR FOLK,S EST,IAP,UOE	O	213	ERRORS RETURNED
		CM Error Message:	ICD-9 CM 7011 (KERATODERMA-ACQUIRED) is not a frequently associated diagnosis for Proc 11721. Verify that this is the primary diagnosis.					
EST*3	K071828	TSXBHT,EHUKHUS	1644	03/15/00	POSTMA CABARR FOLK,S EST,IAP,UOE	O	213	ERRORS RETURNED
		CM Error Message:	This patient has not received care by a provider of this specialty 48 (Podiatry). A new patient E&M code should be used (99201-99205) Crosswalks to .					

UOE*3 K071828 TSXBHT,EHUKHUS 1644 03/15/00 POSTMA CABARR FOLK,S EST,IAP,UOE O 213 ERRORS RETURNED
 CM Error Message: An E&M service should not be billed on the same date as 11055 (PARING/CUTTING BEN HYPERKERATOTIC LES, 1 LES) on Int/Ext line # 1/1 unless circumstances warrant use of a modifier -25 or -57.
 *** ClaimsManager AutoFix Indicated ***
 A possible fix for Line Item 3 is to add the modifier 25.
 Comments last edited by GUSTAFSON,ERIC S on AUG 09, 2001@11:03:24
 ---GUSTAFSON,ERIC S---8/9/2001---10:31:14---
 << No Comments Entered >>
 ---GUSTAFSON,ERIC S---8/9/2001---11:03:22---
 << No Comments Entered >>

DCP*3 K108866 TWDUHT,CDZ 7755 02/01/00 GUSTAF CHIJD RAVEN, DCP I 1,016 ERRORS RETURNED
 CM Error Message: This line item may be a duplicate of line #3/3 on Claim #K108866.
 The typical allowed daily frequency for this procedure is 1.
 *** ClaimsManager AutoFix Indicated ***
 A possible fix for Line Item 3 is to add the modifier 76.
 Comments last edited by FOLK,SUSAN D on AUG 03, 2001@19:36:46
 ---FOLK,SUSAN D---8/3/2001---19:36:30---
 ITC

PRV*1 K108174 XFIHY,WUDYJH J 4578 02/10/00 STONE, MENO,R UNASSI PRV I 1,036 CANCELLED
 CM Error Message: The provider ID or department ID is blank or cannot be located within the provider table.
 Comments last edited by GUSTAFSON,ERIC S on JUL 23, 2001@10:01:50
 SAFWECV VBC C

ANE*1 K108950 XFIHY,WUDYJH J 4578 02/10/00 GUSTAF MENO,R SHERMA ANE,SUB I 852 ERRORS RETURNED
 CM Error Message: Procedure 00912 was billed by a provider not listed as an Anesthesiologist.
 Review provider file and documentation to verify appropriateness.

SUB*2 K108950 XFIHY,WUDYJH J 4578 02/10/00 GUSTAF MENO,R SHERMA ANE,SUB I 852 ERRORS RETURNED
 CM Error Message: PROC 99100 is a subsidiary code and should never be billed without code(s) 00100, 01996 . Add the primary code or replace this code with the primary code.
 Comments last edited by FOLK,SUSAN D on AUG 07, 2001@17:17:49
 ---FOLK,SUSAN D---8/7/2001---17:17:48---
 << No Comments Entered >>

ClaimsManager Audit Error Report for 01/01/00 thru 05/01/00
Detailed Report

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ANE	1
DCP	10
EST	1
IAP	1
M26	3
POS	1
PRV	8
SUB	1
UOE	1
Total # Claims	18
Total # Errors	27

ClaimsManager Audit Error Report for 01/01/00 thru 05/01/00
Summary Report

Page :1
 Run Date: AUG 15,2001@14:00:17

ANE	1
DCP	10
EST	1
IAP	1
M26	3
POS	1
PRV	8
SUB	1
UOE	1
Total # Claims	18
Total # Errors	27

Appendix C

IB “on-line” Logic Flowchart

The flowchart on the next page visually describes the logic flow that a biller could encounter when processing a bill in IB while the ClaimsManager interface is installed.

There are several places in this flowchart with a red, circled number. These numbers indicate the value of the STATUS field in the CLAIMSMANAGER BILLS file (#351.9) at that particular point in the flowchart.

Here is the brief description of these ClaimsManager Statuses.

- 1 = LOGGED NOT SENT TO CLAIMSMANAGER
- 2 = SENT TO CLAIMSMANAGER
- 3 = PASSED CLAIMSMANAGER – NO ERRORS
- 4 = RETURNED WITH ERRORS
- 5 = ERRORS OVERRIDDEN
- 6 = ERROR – COMMUNICATION FAILURE
- 7 = CLAIMSMANAGER NOT WORKING
- 8 = SENT TO CLAIMSMANAGER – HISTORICAL
- 9 = CANCELLED
- 10 = CANCELLED - NOT UPDATED IN CLAIMSMANAGER
- 11 = OVERRIDDEN - NOT UPDATED IN CLAIMSMANAGER

Please note that the STATUS values of 8,10, and 11 are not represented in the following flowchart.

STATUS 8 isn't represented because this status deals with bills that skipped the ClaimsManager interface process because of system problems and then became authorized bills. These bills were then sent to ClaimsManager for historical and documentation purposes.

STATUSes 10 and 11 are not represented because these statuses deal with transmissions to update ClaimsManager when a bill is cancelled on VistA or overridden on VistA. These statuses are used whenever these update transmissions fail for whatever reason.

Flowchart

